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CLIENT'S COPY



Hindman Settlement School, Inc.
PO Box 844
Hindman, KY 41822

Dear Brent:

Enclosed is the organization's 2016 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Please sign and mail a copy of the return to the Kentucky Attorney General:

Mail to - Office of Attorney General
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
ATTN: Charity Registration

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

RFH, PLLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

August 31, 2017

Prepared for	Hindman Settlement School, Inc. PO Box 844 Hindman, KY 41822
Prepared by	RFH, PLLC 300 West Vine Street, Ste 800 Lexington, KY 40507-1812
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning SEP 1, 2016, and ending AUG 31, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

HINDMAN SETTLEMENT SCHOOL, INC.

61-0447248

Name and title of officer

**BRENT HUTCHINSON
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,299,695.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RFH, PLLC to enter my PIN 47248
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61078718319

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

14520223 795207 05485000

2016.05040 HINDMAN SETTLEMENT SCHOOL, 05485001

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **SEP 1, 2016** and ending **AUG 31, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HINDMAN SETTLEMENT SCHOOL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 844 City or town, state or province, country, and ZIP or foreign postal code HINDMAN, KY 41822 F Name and address of principal officer: BRENT HUTCHINSON PO BOX 844, HINDMAN, KY 41822	D Employer identification number 61-0447248 E Telephone number 606-785-5475 G Gross receipts \$ 4,488,775. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HINDMANSETTLEMENT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1902		M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATIONAL AND SERVICE OPPORTUNITIES FOR THE PEOPLE OF THE MOUNTAINS WHILE KEEPING 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 20 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 58 6 Total number of volunteers (estimate if necessary) 6 18 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">623,722.</td> <td style="text-align: right;">1,692,748.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">198,254.</td> <td style="text-align: right;">208,531.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">322,969.</td> <td style="text-align: right;">371,713.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">18,649.</td> <td style="text-align: right;">26,703.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,163,594.</td> <td style="text-align: right;">2,299,695.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	623,722.	1,692,748.	9 Program service revenue (Part VIII, line 2g)	198,254.	208,531.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	322,969.	371,713.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,649.	26,703.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,163,594.	2,299,695.							
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer BRENT HUTCHINSON, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ANDREW W. DEMOSS, CPA	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P01418319
	Firm's name ▶ RFH, PLLC Firm's address ▶ 300 WEST VINE STREET, STE 800 LEXINGTON, KY 40507-1812	Firm's EIN ▶ 20-1518594 Phone no. 859-231-1800

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: PROVIDE EDUCATION AND SERVICE OPPORTUNITIES FOR PEOPLE OF THE MOUNTAINS, WHILE KEEPING THEM MINDFUL OF THEIR HERITAGE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 650,838. including grants of \$) (Revenue \$ 32,231.) DYSLEXIA EDUCATION PROGRAM - HINDMAN SETTLEMENT SCHOOL PROVIDES EDUCATION PROGRAMS FOR CHILDREN WITH DYSLEXIA AND DYSLEXIC CHARACTERISTICS. PROGRAMS INCLUDE AN AFTER-SCHOOL PROGRAM, SUMMER TUTORING PROGRAM AND A READING LAB PARTNERSHIP. THE SCHOOL ALSO CONDUCTS STUDENT EVALUATIONS AND PROVIDES TRAINING FOR PARENTS, TEACHERS, AND TUTORS.

4b (Code:) (Expenses \$ 266,740. including grants of \$) (Revenue \$ 106,460.) CULTURAL PROGRAMS - KEEPING PEOPLE MINDFUL OF THEIR HERITAGE HAS ALWAYS BEEN A STRONG COMPONENT OF HINDMAN SETTLEMENT SCHOOL'S PROGRESSIVE EDUCATIONAL PHILOSOPHY. THE SETTLEMENT'S CURRENT EFFORTS TO PRESERVE LOCAL HERITAGE RANGE FROM PROVIDING FOLK ARTS EDUCATION EXTENSION IN THE PUBLIC SCHOOLS AND COMMUNITY TO OPERATING A CRAFTS CONSIGNMENT SHOP. THE SETTLEMENT ALSO HOSTS ANNUAL WORKSHOPS FOCUSING ON APPALACHIAN WRITERS AND FOLK ARTS.

4c (Code:) (Expenses \$ 332,819. including grants of \$) (Revenue \$ 1,052.) COMMUNITY SERVICES - HINDMAN SETTLEMENT SCHOOL HAS A LONG HISTORY OF WORKING TOGETHER FOR THE IMPROVEMENT OF THE COMMUNITY. ITS EDUCATIONAL MISSION HAS ALWAYS BEEN DRIVEN BY A DETERMINATION TO OFFER PROGRAMS THAT RESPOND TO THE CURRENT NEEDS OF THE COMMUNITY. COMMUNITY SERVICE PROGRAMS INCLUDE GROW APPALACHIA, PARTICIPATION IN COMMUNITY RENEWAL PROJECTS AND SUPPORT FOR YOUTH DEVELOPMENT PROGRAMS. THE SETTLEMENT ALSO OFFERS CONFERENCE AND MEETING FACILITIES FOR COMMUNITY GROUPS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 49,679.)

4e Total program service expenses 1,250,397.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 20		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **LINDA JONES - 606-785-5475**
PO BOX 844, HINDMAN, KY 41822

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VALERIE SMITH BARTLEY DIRECTOR	2.00	X					0.	0.	0.	
(2) LOIS C. WEINBERG DIRECTOR	2.00	X					0.	0.	0.	
(3) MICHAEL L. SLOANE, II VICE CHAIR	2.00	X		X			0.	0.	0.	
(4) SUSAN MERIDA TREASURER	2.00	X		X			0.	0.	0.	
(5) JAMES B. OSBORNE DIRECTOR	2.00	X					0.	0.	0.	
(6) BRIAN K. LEWIS DIRECTOR	2.00	X					0.	0.	0.	
(7) SHERRY W. POWERS CHAIRMAN	2.00	X		X			0.	0.	0.	
(8) GEORGE FLETCHER SECRETARY	2.00	X		X			0.	0.	0.	
(9) DR. JOHN P. ERNST DIRECTOR	2.00	X					0.	0.	0.	
(10) SILAS HOUSE DIRECTOR	2.00	X					0.	0.	0.	
(11) RAYMOND W. MCLAIN DIRECTOR	2.00	X					0.	0.	0.	
(12) TUCKER BALLINGER DIRECTOR	2.00	X					0.	0.	0.	
(13) LORA SMITH DIRECTOR	2.00	X					0.	0.	0.	
(14) ANGELA SPADY DIRECTOR	2.00	X					0.	0.	0.	
(15) LESLIE MILLER DIRECTOR	2.00	X					0.	0.	0.	
(16) PEGGY TROXELL DIRECTOR	2.00	X					0.	0.	0.	
(17) OLSON HUFF DIRECTOR	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) OUITA MICHEL DIRECTOR	2.00	X						0.	0.	0.
(19) AIMEE RUSSILLO DIRECTOR	2.00	X						0.	0.	0.
(20) JEANELLEN HITER MELTON DIRECTOR	2.00	X						0.	0.	0.
(21) BRENT HUTCHINSON EXECUTIVE DIRECTOR	40.00			X				91,180.	0.	0.
1b Sub-total								91,180.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								91,180.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,692,748.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		1,692,748.				
Program Service Revenue	2 a SETTLEMENT SCHOOL AND CONFERENCE	Business Code 611600	154,118.	154,118.			
	b OTHER MISC. PROGRAM INCOME	900099	54,413.	54,413.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		208,531.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		145,645.			145,645.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		4,566.			4,566.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		2,126,994.	28,068.		
		c Gain or (loss)		254,136.	-28,068.		
	d Net gain or (loss)		226,068.	-28,068.		254,136.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	38,996.				
		b Less: direct expenses	b	25,818.			
c Net income or (loss) from fundraising events			13,178.			13,178.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	17,159.					
	b Less: cost of goods sold	b	8,200.				
	c Net income or (loss) from sales of inventory		8,959.	8,959.			
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			2,299,695.	189,422.	0.	417,525.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	116,522.	96,780.	16,324.	3,418.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	549,186.	455,364.	76,276.	17,546.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,008.	21,904.	6,003.	2,101.
9 Other employee benefits	109,796.	70,502.	30,193.	9,101.
10 Payroll taxes	48,246.	35,218.	9,651.	3,377.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	48,705.	35,555.	13,150.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	98,667.	88,257.	9,857.	553.
12 Advertising and promotion	676.	135.	427.	114.
13 Office expenses	25,062.	18,986.	6,036.	40.
14 Information technology				
15 Royalties				
16 Occupancy	134,651.	116,599.	18,051.	1.
17 Travel	52,404.	40,443.	9,223.	2,738.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,874.	5,018.	1,375.	481.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	98,518.	72,905.	21,671.	3,942.
23 Insurance	70,493.	51,457.	18,958.	78.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM	58,293.	57,964.	251.	78.
b EQUIPMENT RENTAL	12,018.	10,520.	1,498.	
c PRINTING	11,652.	9,353.	1,661.	638.
d POSTAGE	11,645.	8,939.	1,529.	1,177.
e All other expenses	66,615.	54,498.	8,773.	3,344.
25 Total functional expenses. Add lines 1 through 24e	1,550,031.	1,250,397.	250,907.	48,727.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	154,481.	1	458,376.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	586,295.
	4 Accounts receivable, net	5,265.	4	6,535.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,872.	8	13,529.
	9 Prepaid expenses and deferred charges	18,381.	9	16,449.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,265,261.		
	b Less: accumulated depreciation	10b 1,970,602.	1,031,399.	10c 1,294,659.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	10,486,508.	12	10,915,588.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,708,906.	16	13,291,431.	
Liabilities	17 Accounts payable and accrued expenses	3,738.	17	36,411.
	18 Grants payable		18	
	19 Deferred revenue	66,440.	19	44,845.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	57,505.	23	46,920.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	100,000.
	26 Total liabilities. Add lines 17 through 25	127,683.	26	228,176.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,151,856.	27	8,618,760.
	28 Temporarily restricted net assets	435,376.	28	1,341,188.
	29 Permanently restricted net assets	2,993,991.	29	3,103,307.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	11,581,223.	33	13,063,255.
	34 Total liabilities and net assets/fund balances	11,708,906.	34	13,291,431.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,299,695.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,550,031.
3	Revenue less expenses. Subtract line 2 from line 1	3	749,664.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,581,223.
5	Net unrealized gains (losses) on investments	5	732,368.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,063,255.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

HINDMAN SETTLEMENT SCHOOL, INC.

Employer identification number

61-0447248

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization HINDMAN SETTLEMENT SCHOOL, INC.	Employer identification number 61-0447248
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	E.O. ROBINSON MOUNTAIN FUND P.O. BOX 54930 LEXINGTON, KY 40555	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NATIONAL SOCIETY DAR 1776 D STREET NW WASHINGTON, DC 20006	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LADY WASHINGTON CHAPTER DAR 5646 GRAPE STREET HOUSTON, TX 77096	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	KENTUCKY SOCIETY DAR 280 HORAN LANE SPRINGFIELD, KY 40069	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOSEPH HABERSHAM CHAPTER DAR 1419 IROQUOIS PATH NE ATLANTA, GA 30319	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JUNIOR MEMBERSHIP NSDAR 1776 D. STREET N.W. WASHINGTON, DC 20006	\$ 22,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HINDMAN SETTLEMENT SCHOOL, INC.	Employer identification number 61-0447248
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BEREA COLLEGE APPALACHIAN FUND CPO 2122 BEREA, KY 40404	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DR. AND MRS. JAMES B. OSBORNE 652 EAGLETON DR. MARTINEZ, GA 30907	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	FORCHT GROUP OF KENTUCKY 2404 SIR BARTON WAY LEXINGTON, KY 40509	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	PAUL AND JAMIE JOHNSON 1200 BERESFORD WAY PADUCAH, KY 42001	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	PENNSYLVANIA STATE SOCIETY DAR 2969 WARREN CENTER RD. WARREN CENTER, PA 18851	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MARCIA SMITH LAWRENCE 1001 CROSSFIELD DRIVE VERSAILLES, KY 40383	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HINDMAN SETTLEMENT SCHOOL, INC.	Employer identification number 61-0447248
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BEREA COLLEGE GROW APPALACHIA CPO 2122 BEREA, KY 40404	\$ 27,997.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	KENTUCKY SOCIAL WELFARE FOUNDATION 101 SOUTH FIFTH STREET, 37TH FLOOR LOUISVILLE, KY 40202	\$ 14,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	1994 TRUST OF MARGARET G. KINCAID 10785 STATE HIGHWAY 78 KEWANEE, IL 61443-8784	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	KENTUCKY ARTS COUNCIL 500 METRO STREET FRANKFORT, KY 40601-1987	\$ 23,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	BENJAMIN LATROBE QUINCY FUND 620 LIBERTY AVENUE PITTSBURGH, PA 15222	\$ 17,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CORA A BURCH 41567 RED OAK DR STERLING HEIGHTS, MI 48314	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HINDMAN SETTLEMENT SCHOOL, INC.	Employer identification number 61-0447248
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	KENTUCKY STATE UNIVERSITY 400 E MAIN ST FRANKFORT, KY 40601-1987	\$ 14,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	PHILLIP W LAWRENCE TRUST 71 CENTER ST HINDMAN, KY 41822	\$ 79,237.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	CYNTHIA B SWEENEY 132 ANDREWS TRACE BUTLER, PA 16001	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	THACKER FAMILY FOUNDATION PO BOX 789 HINDMAN, KY 41822	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	THE STEELE-REESE FOUNDATION 32 WASHINGTON SQ W NEW YORK, NY 10011	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	UNITED STATE DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE WASHINGTON, DC 20250	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HINDMAN SETTLEMENT SCHOOL, INC.	Employer identification number 61-0447248
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	WHAS CRUSADE FOR CHILDREN 520 W CHESTNUT ST LOUISVILLE, KY 40202	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
25	VIRGINIA R WILSON 2236 ABBEYWOOD RD LEXINGTON, KY 40515	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HINDMAN SETTLEMENT SCHOOL, INC.	Employer identification number 61-0447248
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization HINDMAN SETTLEMENT SCHOOL, INC.	Employer identification number 61-0447248
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization HINDMAN SETTLEMENT SCHOOL, INC. **Employer identification number** 61-0447248

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,486,508.	10,434,620.	10,905,745.	9,816,588.	9,400,850.
b Contributions	23,144.	49,083.	25,704.	63,373.	89,252.
c Net investment earnings, gains, and losses	1,127,919.	619,662.	102,745.	1,590,187.	804,114.
d Grants or scholarships					
e Other expenditures for facilities and programs	673,280.	568,581.	550,051.	514,818.	430,767.
f Administrative expenses	48,705.	48,276.	49,523.	49,585.	46,861.
g End of year balance	10,915,586.	10,486,508.	10,434,620.	10,905,745.	9,816,588.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		122,671.		122,671.
b Buildings		2,133,905.	1,340,009.	793,896.
c Leasehold improvements		404,602.	256,178.	148,424.
d Equipment		108,569.	59,118.	49,451.
e Other		495,514.	315,297.	180,217.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,294,659.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) VARIOUS SECURITIES	10,915,588.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	10,915,588.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	100,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	100,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,032,063.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	732,368.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	732,368.
3	Subtract line 2e from line 1		3	2,299,695.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,299,695.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,584,049.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	34,018.	
e	Add lines 2a through 2d		2e	34,018.
3	Subtract line 2e from line 1		3	1,550,031.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,550,031.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

SUPPORT THE OPERATIONS OF THE SCHOOL

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	25,818.
COST OF GOODS SOLD CRAFT STORE	8,200.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	34,018.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2016

Open to Public Inspection

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

HINDMAN SETTLEMENT SCHOOL, INC.

Employer identification number

61-0447248

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	<input checked="" type="checkbox"/>	
NEWSPAPER		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		<input checked="" type="checkbox"/>
b Admissions policies?		<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?		<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?		<input checked="" type="checkbox"/>
e Educational policies?		<input checked="" type="checkbox"/>
f Use of facilities?		<input checked="" type="checkbox"/>
g Athletic programs?		<input checked="" type="checkbox"/>
h Other extracurricular activities?		<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?		<input checked="" type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended?		<input checked="" type="checkbox"/>
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	<input checked="" type="checkbox"/>	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2016

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		KEENELAND (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	38,996.			38,996.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	38,996.			38,996.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,818.			25,818.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				25,818.
	11 Net income summary. Subtract line 10 from line 3, column (d)				13,178.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

HINDMAN SETTLEMENT SCHOOL, INC.

Employer identification number

61-0447248

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEM MINDFUL OF THEIR HERITAGE.

FORM 990, PART VI, SECTION B, LINE 11B:

BOARD REVIEWS 990 BEFORE THE RETURN IS FILED

FORM 990, PART VI, SECTION B, LINE 12C:

MANAGEMENT AND BOARD MONITORS POLICY

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND POLICIES ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
256	AIR COMPRESSOR	11/24/09	SL	5.00		16	199.				199.	199.		0.	199.
257	GAS FURNACE	12/03/09	SL	15.00		16	1,900.				1,900.	857.		127.	984.
258	DELL POWEREDGE T100 TOWER	10/14/09	SL	5.00		16	2,289.				2,289.	2,289.		0.	2,289.
263	(D)EPSON POWERELITE 84, LUMENS PROJECTOR	09/09/09	SL	5.00		16	667.				667.	667.		0.	667.
265	PETITT BUILDING IMPROVEMENTS	05/06/10	SL	15.00		16	20,506.				20,506.	8,658.		1,367.	10,025.
266	REPAVING PARKING LOT	08/31/11	SL	7.00		16	7,985.				7,985.	5,705.		1,141.	6,846.
293	SINGLETON HOUSE	12/31/14	SL	30.00		16	110,000.				110,000.	6,111.		3,667.	9,778.
294	DRAINAGE PIPES BY CHAPEL	06/17/15	SL	15.00		16	5,615.				5,615.	436.		374.	810.
314	CANNERY IMPROVEMENT	08/31/17	SL	15.00		16	11,924.				11,924.			0.	
	BUILDINGS														
11	(D)FIRESIDE CABIN	05/31/71	SL	30.00		16	14,326.				14,326.	14,326.		0.	14,326.
12	MAY STONE BLDG.	05/31/62	SL	40.00		16	95,042.				95,042.	95,042.		0.	95,042.
13	MAY STONE BLDG.	05/31/72	SL	30.00		16	1,968.				1,968.	1,968.		0.	1,968.
14	MAY STONE BLDG.	05/31/73	SL	30.00		16	1,623.				1,623.	1,623.		0.	1,623.
15	POLE HOUSE	05/31/69	SL	30.00		16	11,282.				11,282.	11,282.		0.	11,282.
16	KATHERINES PET	05/31/72	SL	40.00		16	137,278.				137,278.	137,278.		0.	137,278.
17	SOLD CAB-OFF	05/31/70	SL	40.00		16	2,665.				2,665.	2,665.		0.	2,665.
18	RENOV-HOSPITAL	07/01/79	SL	30.00		16	74,749.				74,749.	74,749.		0.	74,749.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	PETIT BLDG.	07/01/79	SL	10.00		16	2,068.				2,068.	2,068.		0.	2,068.
20	PETIT BLDG. APT.	11/01/79	SL	30.00		16	21,500.				21,500.	21,500.		0.	21,500.
22	PREECE BLDG.	08/06/83	SL	30.00		16	67,787.				67,787.	67,787.		0.	67,787.
23	K.PETIT-APT. 4	07/01/83	SL	18.00		16	25,000.				25,000.	25,000.		0.	25,000.
26	UT. HOOKUP	11/01/84	SL	10.00		16	2,600.				2,600.	2,600.		0.	2,600.
27	(D)COMBS HOUSE	04/01/88	SL	25.00		16	25,000.				25,000.	25,000.		0.	25,000.
28	FULLY DEPR.	06/30/75	SL	10.00		16	36,692.				36,692.	36,692.		0.	36,692.
29	STILL BLDG.	06/30/90	SL	32.00		16	71,577.				71,577.	56,715.		2,237.	58,952.
30	STILL BLDG.	07/16/90	SL	32.00		16	34,555.				34,555.	27,292.		1,080.	28,372.
31	STILL BLDG.	08/31/91	SL	32.00		16	354,809.				354,809.	279,309.		11,088.	290,397.
32	STILL BLDG.	12/03/91	SL	32.00		16	5,345.				5,345.	4,207.		167.	4,374.
33	STORAGE BLDG.	06/01/92	SL	32.00		16	13,773.				13,773.	10,400.		430.	10,830.
34	LOG CABIN	08/31/92	SL	32.00		16	26,389.				26,389.	19,103.		825.	19,928.
35	(D)COMBS HOUSE	09/01/93	SL	30.00		16	28,000.				28,000.	21,462.		933.	22,395.
36	KITCHEN ARCHITECT	03/23/94	SL	30.00		16	800.				800.	538.		27.	565.
37	CRAFT CABIN	05/25/94	SL	30.00		16	9,990.				9,990.	6,993.		333.	7,326.
38	CRAFT CABIN	12/31/94	SL	30.00		16	33,478.				33,478.	23,435.		1,116.	24,551.
39	KITCHEN ARCHITECT	08/30/96	SL	30.00		16	25,965.				25,965.	17,317.		866.	18,183.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
40	VERNA MAY SLONE	08/30/69	SL	30.00		16	1,920.				1,920.	704.		0.	704.
41	KITCHEN	05/30/97	SL	30.00		16	611,438.				611,438.	394,048.		20,381.	414,429.
42	VERNA MAY CABIN	02/13/98	SL	30.00		16	2,140.				2,140.	1,351.		71.	1,422.
43	PREECE BLDG.	05/11/99	SL	30.00		16	1,137.				1,137.	683.		38.	721.
44	STILL BLDG.-CABLE WIRING	08/31/99	SL	30.00		16	10,597.				10,597.	6,519.		353.	6,872.
45	GAS HEATING UNIT	01/26/01	SL	15.00		16	1,433.				1,433.	1,433.		0.	1,433.
46	3 2-PIECE STALLS	03/12/01	SL	15.00		16	1,200.				1,200.	1,200.		0.	1,200.
47	METAL STORAGE BLDG.	08/29/01	SL	15.00		16	18,783.				18,783.	18,780.		0.	18,780.
48	STORAGE BLDG.	10/11/01	SL	15.00		16	7,275.				7,275.	7,275.		0.	7,275.
49	VERNA MAY SLONE CABIN	10/11/01	SL	15.00		16	5,343.				5,343.	5,340.		3.	5,343.
50	QUILTMAKER INN	11/30/01	SL	30.00		16	250,000.				250,000.	124,996.		8,333.	133,329.
51	CHAPEL IN THE WOODS	09/01/03	SL	30.00		16	25,260.				25,260.	10,946.		842.	11,788.
276	BUILDING IMPROVEMENTS	01/10/12	SL	15.00		16	956.				956.	298.		64.	362.
277	BUILDING IMPROVEMENTS	08/08/12	SL	15.00		16	549.				549.	151.		37.	188.
289	B-DRY SYSTEM STUCKY	08/08/14	SL	15.00		16	12,850.				12,850.	1,785.		857.	2,642.
311	OUTDOOR CLASSROOM DAR	11/29/16	SL	30.00		16	18,340.				18,340.			459.	459.
	* 990 PAGE 10 TOTAL - BUILDINGS						2,093,482.				2,093,482.	1,561,860.		50,540.	1,612,400.
	VEHICLES														

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
10	1999 PICK UP	02/25/03	SL	5.00		16	5,500.				5,500.	5,500.		0.	5,500.
295	2015 CHEVY TAHOE	03/07/16	SL	5.00		16	44,241.				44,241.	4,424.		8,848.	13,272.
296	2015 FORD EXPLORER	11/20/15	SL	5.00		16	34,335.				34,335.	5,150.		6,867.	12,017.
	* 990 PAGE 10 TOTAL - VEHICLES						84,076.				84,076.	15,074.		15,715.	30,789.
	WATER SYSTEM														
52	(D)WATER SYSTEM	01/01/83	SL	20.00		16	16,457.				16,457.	16,457.		0.	16,457.
54	FULLY DEPR.	06/30/75	SL	10.00		16	6,244.				6,244.	6,244.		0.	6,244.
55	(D)PUMP & INSTALL	12/31/88	SL	10.00		16	1,993.				1,993.	1,993.		0.	1,993.
57	WATER SYSTEM	07/18/97	SL	20.00		16	4,396.				4,396.	4,396.		0.	4,396.
58	DENNIS RARDIN	11/25/97	SL	10.00		16	8,940.				8,940.	8,940.		0.	8,940.
59	WATER SYSTEM IMPROVEMENTS	06/06/06	SL	20.00		16	1,800.				1,800.	923.		90.	1,013.
	* 990 PAGE 10 TOTAL - WATER SYSTEM						39,830.				39,830.	38,953.		90.	39,043.
	REAL ESTATE														
60	DECOY LAND - 18 ACRES	06/30/70	SL	.000		16	2,551.				2,551.			0.	
61	JOHNSON LAND-30 ACRES	06/30/70	SL	.000		16	66,666.				66,666.			0.	
62	HSS MAIN CAMPUS-150 ACRES	06/30/70	SL	.000		16	19,132.				19,132.			0.	
63	MALLIE LAND-28.578 ACRES	06/30/70	SL	.000		16	3,647.				3,647.			0.	
64	SMITH BRANCH LAND-180 ACRES	06/30/70	SL	.000		16	23,022.				23,022.			0.	

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
65	TRACE FORK LAND-60 ACRES	06/30/70	SL	.000		16	7,653.				7,653.			0.	
309	LAND ONN HWY 160 SOUTH BETWEEN WOOD SHOP AND 195 HW	01/06/16	L				8,500.				8,500.			0.	
	* 990 PAGE 10 TOTAL - REAL ESTATE						131,171.				131,171.	0.		0.	0.
	EQUIPMENT														
88	QUILTS	07/01/87	SL	5.00		16	2,800.				2,800.	2,800.		0.	2,800.
90	COAT RACK	01/01/88	SL	5.00		16	652.				652.	652.		0.	652.
114	MATTRESSES	03/14/01	SL	7.00		16	2,520.				2,520.	2,520.		0.	2,520.
115	UTILITY TRAILER	06/22/01	SL	5.00		16	436.				436.	436.		0.	436.
116	FIRE PROOF FILING CABINET	08/26/01	SL	7.00		16	1,667.				1,667.	1,667.		0.	1,667.
128	COMPUTER LAB	06/30/00	SL	5.00		16	9,984.				9,984.	9,984.		0.	9,984.
134	LOCKERS	06/30/00	SL	7.00		16	508.				508.	508.		0.	508.
158	LOGOS MGT SOFTWARE	03/24/04	SL	3.00		16	1,160.				1,160.	1,160.		0.	1,160.
160	ICE MACHINE	05/22/04	SL	7.00		16	1,817.				1,817.	1,817.		0.	1,817.
164	MOWER	05/12/05	SL	7.00		16	6,659.				6,659.	6,659.		0.	6,659.
165	5 TON COMPRESSOR	08/05/05	SL	5.00		16	2,200.				2,200.	2,200.		0.	2,200.
171	14 BEDS	03/29/07	SL	7.00		16	10,235.				10,235.	10,235.		0.	10,235.
172	(D)CARPET-COOKS APT.	07/01/07	SL	15.00		16	878.				878.	541.		59.	600.
173	(D)SECURITY DOOR	04/23/07	SL	15.00		16	2,595.				2,595.	1,615.		173.	1,788.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
178	NEO SMARTBOARD	11/28/07	SL	5.00		16	3,492.				3,492.	3,492.		0.	3,492.
252	WASHER AND DRYER	08/27/09	SL	5.00		16	1,760.				1,760.	1,760.		0.	1,760.
267	LAWN MOWER	05/07/11	SL	5.00		16	220.				220.	205.		0.	205.
269	MAC BOOK PRO	05/30/12	SL	5.00		16	2,142.				2,142.	1,819.		323.	2,142.
270	MAC BOOK PROS	10/12/11	SL	5.00		16	5,371.				5,371.	5,281.		90.	5,371.
271	COMPUTERS FOR SUMMER SCHOOL	04/30/12	SL	5.00		16	11,670.				11,670.	10,114.		1,556.	11,670.
272	SOFTWARE UPGRADES	05/17/12	SL	5.00		16	1,203.				1,203.	1,024.		179.	1,203.
273	SOFTWARE UPGRADES	05/30/12	SL	5.00		16	1,096.				1,096.	931.		165.	1,096.
274	IMAC COMPUTER	05/30/12	SL	5.00		16	1,208.				1,208.	1,028.		180.	1,208.
286	FURMAN HOUSE - BEDS	03/27/13	SL	7.00		16	3,827.				3,827.	1,869.		547.	2,416.
287	FURMAN HOUSE - COUCH AND CHAIRS	04/24/13	SL	7.00		16	3,800.				3,800.	1,810.		543.	2,353.
288	IPAD	09/01/12	SL	5.00		16	698.				698.	560.		138.	698.
290	DELL COMPUTER	11/14/13	SL	5.00		16	2,825.				2,825.	1,601.		565.	2,166.
291	GAS STOVE	11/07/13	SL	7.00		16	413.				413.	167.		59.	226.
292	TILER/ TRACTOR	04/08/14	SL	7.00		16	2,795.				2,795.	964.		399.	1,363.
302	OFFICE CHAIRS	03/16/16	SL	7.00		16	9,900.				9,900.	589.		1,414.	2,003.
303	SUNROOM CHAIRS AND SOLAR SHADES	03/03/16	SL	7.00		16	3,968.				3,968.	283.		567.	850.
304	MACBOOK	10/30/15	SL	5.00		16	1,832.				1,832.	305.		366.	671.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
306	MACBOOK PRO	11/24/15	SL	5.00		16	1,905.				1,905.	286.		381.	667.
307		08/25/16	SL	5.00		16	1,461.				1,461.			292.	292.
310	REFRIGERATOR	04/13/17	SL	5.00		16	3,389.				3,389.			282.	282.
	* 990 PAGE 10 TOTAL - EQUIPMENT						109,086.				109,086.	76,882.		8,278.	85,160.
	PROPERTY IMPROVEMENTS														
189	(D)FIRE ALARMS	03/28/87	SL	18.00		16	2,557.				2,557.	2,557.		0.	2,557.
190	MAY STONE BLDG.	06/30/88	SL	18.00		16	13,722.				13,722.	13,722.		0.	13,722.
191	PAVE-PREECE BLDG.	06/30/88	SL	18.00		16	4,700.				4,700.	4,700.		0.	4,700.
195	POLE HOUSE	03/06/89	SL	10.00		16	4,415.				4,415.	4,415.		0.	4,415.
196	MAY STONE BLDG.	03/22/90	SL	10.00		16	2,455.				2,455.	2,455.		0.	2,455.
197	WINDOWS APT. 3	08/16/89	SL	10.00		16	1,714.				1,714.	1,714.		0.	1,714.
198	FIRE PROOF DOOR	09/08/89	SL	10.00		16	727.				727.	727.		0.	727.
206	STUCKY BLDG.	02/11/93	SL	7.00		16	11,298.				11,298.	11,298.		0.	11,298.
208	UNCLE SOL'S	05/27/94	SL	7.00		16	1,407.				1,407.	1,407.		0.	1,407.
210	DINING ROOM FLOOR	03/21/95	SL	7.00		16	3,450.				3,450.	3,450.		0.	3,450.
212	DORM PORCH AND DOORS	06/09/95	SL	7.00		16	2,306.				2,306.	2,306.		0.	2,306.
213	STUCKEY BLDG.	04/10/95	SL	7.00		16	1,500.				1,500.	1,500.		0.	1,500.
214	JAMES STILL BLDG.	07/08/96	SL	7.00		16	5,422.				5,422.	5,422.		0.	5,422.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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215	POLE HOUSE	08/13/96	SL	7.00		16	3,644.				3,644.	3,644.		0.	3,644.
216	CRAFT CABIN	10/26/96	SL	7.00		16	6,498.				6,498.	6,498.		0.	6,498.
217	(D)OFFICE	05/30/96	SL	7.00		16	2,586.				2,586.	2,586.		0.	2,586.
218	APARTMENTS-ROOF	08/30/96	SL	7.00		16	1,500.				1,500.	1,500.		0.	1,500.
219	IMPROVEMENTS	08/31/96	SL	7.00		16	1,399.				1,399.	1,399.		0.	1,399.
220	POLE HOUSE IMPROVEMENTS	12/30/96	SL	7.00		16	13,657.				13,657.	13,657.		0.	13,657.
225	PETIT IMPROVEMENTS	10/15/99	SL	7.00		16	11,887.				11,887.	11,887.		0.	11,887.
226	JAMES STILL BLDG. IMPR.	05/22/00	SL	7.00		16	16,328.				16,328.	16,328.		0.	16,328.
227	KATHERINE PETIT IMPR.	04/24/00	SL	7.00		16	9,455.				9,455.	9,455.		0.	9,455.
232	(D)OFFICE ROOF	06/14/02	SL	10.00		16	5,320.				5,320.	5,320.		0.	5,320.
233	UNCLE SOL'S	11/08/02	SL	7.00		16	1,173.				1,173.	1,173.		0.	1,173.
234	UNCLE SOL'S ROOF	12/02/02	SL	10.00		16	7,510.				7,510.	7,510.		0.	7,510.
236	FURNACE	09/25/02	SL	7.00		16	1,228.				1,228.	1,228.		0.	1,228.
237	UNCLE SOL'S HEATING	02/25/03	SL	7.00		16	2,000.				2,000.	2,000.		0.	2,000.
239	JAMES STILL HOUSE RENOV.	04/06/04	SL	15.00		16	39,768.				39,768.	32,917.		2,651.	35,568.
243	CABINETS	09/20/05	SL	5.00		16	2,124.				2,124.	2,124.		0.	2,124.
244	PROPERTY IMP. TO HOUSES	03/01/06	SL	15.00		16	9,219.				9,219.	6,457.		615.	7,072.
245	PROPERTY IMP. TO HOUSES	12/31/05	SL	15.00		16	21,729.				21,729.	15,456.		1,449.	16,905.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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246	(D)BOILER	08/21/08	SL	15.00		16	39,850.				39,850.	21,256.		2,657.	23,913.
247	CARPET	05/12/08	SL	15.00		16	13,169.				13,169.	7,317.		878.	8,195.
251	SANITATION SYSTEM	06/30/90	SL	10.00		16	9,273.				9,273.	9,273.		0.	9,273.
253	BATHROOM IMPR.	11/24/08	SL	15.00		16	1,296.				1,296.	667.		86.	753.
254	2 CIRCULATOR PUMPS	10/30/08	SL	15.00		16	2,850.				2,850.	1,488.		190.	1,678.
255	ROOF-MAY STONE BUILDING	01/14/09	SL	15.00		16	26,623.				26,623.	13,608.		1,775.	15,383.
268	CREEK BANK STABILIZATION	04/27/12	SL	10.00		16	6,000.				6,000.	2,600.		600.	3,200.
275	CABINETS, COUNTERTOPS, KITCHEN REMODEL	12/09/11	SL	15.00		16	2,735.				2,735.	865.		182.	1,047.
278	CARPET	03/23/12	SL	15.00		16	7,200.				7,200.	2,120.		480.	2,600.
280	FLOORING - 1ST APARTMENT	12/30/12	SL	15.00		16	9,260.				9,260.	2,263.		617.	2,880.
281	WASHER & DRYER - 1ST APARTMENT	10/17/12	SL	5.00		16	896.				896.	686.		179.	865.
282	CABINETS AND FIXTURES - 1ST APARTMENT	10/17/12	SL	15.00		16	2,303.				2,303.	590.		154.	744.
283	HVAC UNIT - FURMAN	03/21/13	SL	15.00		16	4,000.				4,000.	912.		267.	1,179.
284	FURMAN HOUSE RENOVATION	07/08/13	SL	15.00		16	22,087.				22,087.	4,661.		1,472.	6,133.
285	CAMPUS SIGNS	06/13/13	SL	15.00		16	8,372.				8,372.	1,814.		558.	2,372.
297	FLAG POLE AND IMPROVEMENTS	03/31/16	SL	15.00		16	8,820.				8,820.	245.		588.	833.
298	CHAPEL IN THE WOODS IMPROVEMENTS	08/31/16	SL	15.00		16	6,300.				6,300.	11.		420.	431.
299	HEAT PUMP	09/04/15	SL	15.00		16	6,000.				6,000.	400.		400.	800.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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300	(D)BOILER	07/13/16	SL	15.00		16	5,900.				5,900.	66.		393.	459.
308	POLE HOUSE CARPET	06/30/16	SL	7.00		16	2,600.				2,600.	62.		371.	433.
312	HOWELL'S HVAC UNIT	05/31/17	SL	15.00		16	8,840.				8,840.			147.	147.
313	R&B HVAC UNIT	07/21/17	SL	15.00		16	4,800.				4,800.			27.	27.
	* 990 PAGE 10 TOTAL - PROPERTY IMPROVEMENTS						411,872.				411,872.	267,716.		17,156.	284,872.
	ELECTRICAL INSTALLATION														
248	FULLY DEPR.	06/30/75	SL	10.00		16	2,315.				2,315.	2,315.		0.	2,315.
249	ELECTRICAL INSTALLATION	09/27/05	SL	20.00		16	1,268.				1,268.	688.		63.	751.
	* 990 PAGE 10 TOTAL - ELECTRICAL INSTALLATION						3,583.				3,583.	3,003.		63.	3,066.
	GAS INSTALLATION														
250	FULLY DEPR.	06/30/75	SL	10.00		16	1,735.				1,735.	1,735.		0.	1,735.
	* 990 PAGE 10 TOTAL - GAS INSTALLATION						1,735.				1,735.	1,735.		0.	1,735.
	SANITATION														
	* 990 PAGE 10 TOTAL - SANITATION						0.				0.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						3,035,920.				3,035,920.	1,990,145.		98,518.	2,088,663.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,988,627.			0.	2,988,627.	1,990,145.			2,087,748.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. HINDMAN SETTLEMENT SCHOOL, INC.	Employer identification number (EIN) or 61-0447248
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 844	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HINDMAN, KY 41822	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LINDA JONES

• The books are in the care of ▶ **PO BOX 844 - HINDMAN, KY 41822**
Telephone No. ▶ **606-785-5475** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **JULY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **SEP 1, 2016**, and ending **AUG 31, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HINDMAN SETTLEMENT SCHOOL, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
256	AIR COMPRESSOR	112409	SL	5.00	16	199.			199.	199.		0.
257	GAS FURNACE	120309	SL	15.00	16	1,900.			1,900.	857.		127.
258	DELL POWEREDGE T100 TOWER	101409	SL	5.00	16	2,289.			2,289.	2,289.		0.
263	(D)EPSON POWERELITE 84, LUMENS PROJECT	090909	SL	5.00	16	667.			667.	667.		0.
265	PETITT BUILDING IMPROVEMENTS	050610	SL	15.00	16	20,506.			20,506.	8,658.		1,367.
266	REPAVING PARKING LOT	083111	SL	7.00	16	7,985.			7,985.	5,705.		1,141.
293	SINGLETON HOUSE	123114	SL	30.00	16	110,000.			110,000.	6,111.		3,667.
294	DRAINAGE PIPES BY CHAPEL	061715	SL	15.00	16	5,615.			5,615.	436.		374.
314	CANNERY IMPROVEMENT BUILDINGS	083117	SL	15.00	16	11,924.			11,924.			0.
11	(D)FIRESIDE CABIN	053171	SL	30.00	16	14,326.			14,326.	14,326.		0.
12	MAY STONE BLDG.	053162	SL	40.00	16	95,042.			95,042.	95,042.		0.
13	MAY STONE BLDG.	053172	SL	30.00	16	1,968.			1,968.	1,968.		0.
14	MAY STONE BLDG.	053173	SL	30.00	16	1,623.			1,623.	1,623.		0.
15	POLE HOUSE	053169	SL	30.00	16	11,282.			11,282.	11,282.		0.
16	KATHERINES PET	053172	SL	40.00	16	137,278.			137,278.	137,278.		0.
17	SOLD CAB-OFF	053170	SL	40.00	16	2,665.			2,665.	2,665.		0.
18	RENOV-HOSPITAL	070179	SL	30.00	16	74,749.			74,749.	74,749.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	PETIT BLDG.	070179	SL	10.00	16	2,068.			2,068.	2,068.		0.
20	PETIT BLDG. APT.	110179	SL	30.00	16	21,500.			21,500.	21,500.		0.
22	PREECE BLDG.	080683	SL	30.00	16	67,787.			67,787.	67,787.		0.
23	K.PETIT-APT. 4	070183	SL	18.00	16	25,000.			25,000.	25,000.		0.
26	UT. HOOKUP	110184	SL	10.00	16	2,600.			2,600.	2,600.		0.
27	(D)COMBS HOUSE	040188	SL	25.00	16	25,000.			25,000.	25,000.		0.
28	FULLY DEPR.	063075	SL	10.00	16	36,692.			36,692.	36,692.		0.
29	STILL BLDG.	063090	SL	32.00	16	71,577.			71,577.	56,715.		2,237.
30	STILL BLDG.	071690	SL	32.00	16	34,555.			34,555.	27,292.		1,080.
31	STILL BLDG.	083191	SL	32.00	16	354,809.			354,809.	279,309.		11,088.
32	STILL BLDG.	120391	SL	32.00	16	5,345.			5,345.	4,207.		167.
33	STORAGE BLDG.	060192	SL	32.00	16	13,773.			13,773.	10,400.		430.
34	LOG CABIN	083192	SL	32.00	16	26,389.			26,389.	19,103.		825.
35	(D)COMBS HOUSE	090193	SL	30.00	16	28,000.			28,000.	21,462.		933.
36	KITCHEN ARCHITECT	032394	SL	30.00	16	800.			800.	538.		27.
37	CRAFT CABIN	052594	SL	30.00	16	9,990.			9,990.	6,993.		333.
38	CRAFT CABIN	123194	SL	30.00	16	33,478.			33,478.	23,435.		1,116.
39	KITCHEN ARCHITECT	083096	SL	30.00	16	25,965.			25,965.	17,317.		866.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HINDMAN SETTLEMENT SCHOOL, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
40	VERNA MAY SLONE	083069	SL	30.00	16	1,920.			1,920.	704.		0.
41	KITCHEN	053097	SL	30.00	16	611,438.			611,438.	394,048.		20,381.
42	VERNA MAY CABIN	021398	SL	30.00	16	2,140.			2,140.	1,351.		71.
43	PREECE BLDG.	051199	SL	30.00	16	1,137.			1,137.	683.		38.
44	STILL BLDG.-CABLE WIRING	083199	SL	30.00	16	10,597.			10,597.	6,519.		353.
45	GAS HEATING UNIT	012601	SL	15.00	16	1,433.			1,433.	1,433.		0.
46	3 2-PIECE STALLS	031201	SL	15.00	16	1,200.			1,200.	1,200.		0.
47	METAL STORAGE BLDG.	082901	SL	15.00	16	18,783.			18,783.	18,780.		0.
48	STORAGE BLDG.	101101	SL	15.00	16	7,275.			7,275.	7,275.		0.
49	VERNA MAY SLONE CABIN	101101	SL	15.00	16	5,343.			5,343.	5,340.		3.
50	QUILTMAKER INN	113001	SL	30.00	16	250,000.			250,000.	124,996.		8,333.
51	CHAPEL IN THE WOODS BUILDING	090103	SL	30.00	16	25,260.			25,260.	10,946.		842.
276	BUILDING IMPROVEMENTS	011012	SL	15.00	16	956.			956.	298.		64.
277	BUILDING IMPROVEMENTS	080812	SL	15.00	16	549.			549.	151.		37.
289	B-DRY SYSTEM STUCKY OUTDOOR CLASSROOM	080814	SL	15.00	16	12,850.			12,850.	1,785.		857.
311	DAR	112916	SL	30.00	16	18,340.			18,340.			459.
	* 990 PAGE 10 TOTAL - BUILDINGS					2093482.		0.	2093482.	1561860.		50,540.
	VEHICLES											

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HINDMAN SETTLEMENT SCHOOL, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
10	1999 PICK UP	022503	SL	5.00	16	5,500.			5,500.	5,500.		0.
295	2015 CHEVY TAHOE	030716	SL	5.00	16	44,241.			44,241.	4,424.		8,848.
296	2015 FORD EXPLORER	112015	SL	5.00	16	34,335.			34,335.	5,150.		6,867.
	* 990 PAGE 10 TOTAL - VEHICLES					84,076.		0.	84,076.	15,074.		15,715.
	WATER SYSTEM											
52	(D)WATER SYSTEM	010183	SL	20.00	16	16,457.			16,457.	16,457.		0.
54	FULLY DEPR.	063075	SL	10.00	16	6,244.			6,244.	6,244.		0.
55	(D)PUMP & INSTALL	123188	SL	10.00	16	1,993.			1,993.	1,993.		0.
57	WATER SYSTEM	071897	SL	20.00	16	4,396.			4,396.	4,396.		0.
58	DENNIS RARDIN WATER SYSTEM	112597	SL	10.00	16	8,940.			8,940.	8,940.		0.
59	IMPROVEMENTS	060606	SL	20.00	16	1,800.			1,800.	923.		90.
	* 990 PAGE 10 TOTAL - WATER SYSTEM					39,830.		0.	39,830.	38,953.		90.
	REAL ESTATE											
60	DECOY LAND - 18 ACRES	063070	SL	.000	16	2,551.			2,551.			0.
61	JOHNSON LAND-30 ACRES	063070	SL	.000	16	66,666.			66,666.			0.
62	HSS MAIN CAMPUS-150 ACRES	063070	SL	.000	16	19,132.			19,132.			0.
63	MALLIE LAND-28.578 ACRES	063070	SL	.000	16	3,647.			3,647.			0.
64	SMITH BRANCH LAND-180 ACRES	063070	SL	.000	16	23,022.			23,022.			0.

2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
65	TRACE FORK LAND-60 ACRES	063070	SL	.000	16	7,653.			7,653.			0.
309	LAND ONN HWY 160 SOUTH BETWEEN WOOD	010616	L			8,500.			8,500.			0.
	* 990 PAGE 10 TOTAL - REAL ESTATE					131,171.		0.	131,171.	0.		0.
	EQUIPMENT											
88	QUILTS	070187	SL	5.00	16	2,800.			2,800.	2,800.		0.
90	COAT RACK	010188	SL	5.00	16	652.			652.	652.		0.
114	MATTRESSES	031401	SL	7.00	16	2,520.			2,520.	2,520.		0.
115	UTILITY TRAILER	062201	SL	5.00	16	436.			436.	436.		0.
116	FIRE PROOF FILING CABINET	082601	SL	7.00	16	1,667.			1,667.	1,667.		0.
128	COMPUTER LAB	063000	SL	5.00	16	9,984.			9,984.	9,984.		0.
134	LOCKERS	063000	SL	7.00	16	508.			508.	508.		0.
158	LOGOS MGT SOFTWARE	032404	SL	3.00	16	1,160.			1,160.	1,160.		0.
160	ICE MACHINE	052204	SL	7.00	16	1,817.			1,817.	1,817.		0.
164	MOWER	051205	SL	7.00	16	6,659.			6,659.	6,659.		0.
165	5 TON COMPRESSOR	080505	SL	5.00	16	2,200.			2,200.	2,200.		0.
171	14 BEDS	032907	SL	7.00	16	10,235.			10,235.	10,235.		0.
172	(D) CARPET-COOKS APT.	070107	SL	15.00	16	878.			878.	541.		59.
173	(D) SECURITY DOOR	042307	SL	15.00	16	2,595.			2,595.	1,615.		173.

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178	NEO SMARTBOARD	112807	SL	5.00	16	3,492.			3,492.	3,492.		0.
252	WASHER AND DRYER	082709	SL	5.00	16	1,760.			1,760.	1,760.		0.
267	LAWN MOWER	050711	SL	5.00	16	220.			220.	205.		0.
269	MAC BOOK PRO	053012	SL	5.00	16	2,142.			2,142.	1,819.		323.
270	MAC BOOK PROS	101211	SL	5.00	16	5,371.			5,371.	5,281.		90.
271	COMPUTERS FOR SUMMER SCHOOL	043012	SL	5.00	16	11,670.			11,670.	10,114.		1,556.
272	SOFTWARE UPGRADES	051712	SL	5.00	16	1,203.			1,203.	1,024.		179.
273	SOFTWARE UPGRADES	053012	SL	5.00	16	1,096.			1,096.	931.		165.
274	IMAC COMPUTER	053012	SL	5.00	16	1,208.			1,208.	1,028.		180.
286	FURMAN HOUSE - BEDS	032713	SL	7.00	16	3,827.			3,827.	1,869.		547.
287	FURMAN HOUSE - COUCH AND CHAIRS	042413	SL	7.00	16	3,800.			3,800.	1,810.		543.
288	IPAD	090112	SL	5.00	16	698.			698.	560.		138.
290	DELL COMPUTER	111413	SL	5.00	16	2,825.			2,825.	1,601.		565.
291	GAS STOVE	110713	SL	7.00	16	413.			413.	167.		59.
292	TILER/ TRACTOR	040814	SL	7.00	16	2,795.			2,795.	964.		399.
302	OFFICE CHAIRS	031616	SL	7.00	16	9,900.			9,900.	589.		1,414.
303	SUNROOM CHAIRS AND SOLAR SHADES	030316	SL	7.00	16	3,968.			3,968.	283.		567.
304	MACBOOK	103015	SL	5.00	16	1,832.			1,832.	305.		366.

2016 DEPRECIATION AND AMORTIZATION REPORT

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306	MACBOOK PRO	112415	SL	5.00	16	1,905.			1,905.	286.		381.
307		082516	SL	5.00	16	1,461.			1,461.			292.
310	REFRIGERATOR	041317	SL	5.00	16	3,389.			3,389.			282.
	* 990 PAGE 10 TOTAL - EQUIPMENT					109,086.		0.	109,086.	76,882.		8,278.
	PROPERTY IMPROVEMENTS											
189	(D)FIRE ALARMS	032887	SL	18.00	16	2,557.			2,557.	2,557.		0.
190	MAY STONE BLDG.	063088	SL	18.00	16	13,722.			13,722.	13,722.		0.
191	PAVE-PREECE BLDG.	063088	SL	18.00	16	4,700.			4,700.	4,700.		0.
195	POLE HOUSE	030689	SL	10.00	16	4,415.			4,415.	4,415.		0.
196	MAY STONE BLDG.	032290	SL	10.00	16	2,455.			2,455.	2,455.		0.
197	WINDOWS APT. 3	081689	SL	10.00	16	1,714.			1,714.	1,714.		0.
198	FIRE PROOF DOOR	090889	SL	10.00	16	727.			727.	727.		0.
206	STUCKY BLDG.	021193	SL	7.00	16	11,298.			11,298.	11,298.		0.
208	UNCLE SOL'S	052794	SL	7.00	16	1,407.			1,407.	1,407.		0.
210	DINING ROOM FLOOR	032195	SL	7.00	16	3,450.			3,450.	3,450.		0.
212	DORM PORCH AND DOORS	060995	SL	7.00	16	2,306.			2,306.	2,306.		0.
213	STUCKEY BLDG.	041095	SL	7.00	16	1,500.			1,500.	1,500.		0.
214	JAMES STILL BLDG.	070896	SL	7.00	16	5,422.			5,422.	5,422.		0.

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215	POLE HOUSE	081396	SL	7.00	16	3,644.			3,644.	3,644.		0.
216	CRAFT CABIN	102696	SL	7.00	16	6,498.			6,498.	6,498.		0.
217	(D)OFFICE	053096	SL	7.00	16	2,586.			2,586.	2,586.		0.
218	APARTMENTS-ROOF	083096	SL	7.00	16	1,500.			1,500.	1,500.		0.
219	IMPROVEMENTS	083196	SL	7.00	16	1,399.			1,399.	1,399.		0.
220	POLE HOUSE IMPROVEMENTS	123096	SL	7.00	16	13,657.			13,657.	13,657.		0.
225	PETIT IMPROVEMENTS	101599	SL	7.00	16	11,887.			11,887.	11,887.		0.
226	JAMES STILL BLDG. IMPR.	052200	SL	7.00	16	16,328.			16,328.	16,328.		0.
227	KATHERINE PETIT IMPR.	042400	SL	7.00	16	9,455.			9,455.	9,455.		0.
232	(D)OFFICE ROOF	061402	SL	10.00	16	5,320.			5,320.	5,320.		0.
233	UNCLE SOL'S	110802	SL	7.00	16	1,173.			1,173.	1,173.		0.
234	UNCLE SOL'S ROOF	120202	SL	10.00	16	7,510.			7,510.	7,510.		0.
236	FURNACE	092502	SL	7.00	16	1,228.			1,228.	1,228.		0.
237	UNCLE SOL'S HEATING	022503	SL	7.00	16	2,000.			2,000.	2,000.		0.
239	JAMES STILL HOUSE RENOV.	040604	SL	15.00	16	39,768.			39,768.	32,917.		2,651.
243	CABINETS	092005	SL	5.00	16	2,124.			2,124.	2,124.		0.
244	PROPERTY IMP. TO HOUSES	030106	SL	15.00	16	9,219.			9,219.	6,457.		615.
245	PROPERTY IMP. TO HOUSES	123105	SL	15.00	16	21,729.			21,729.	15,456.		1,449.

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246	(D)BOILER	082108	SL	15.00	16	39,850.			39,850.	21,256.		2,657.
247	CARPET	051208	SL	15.00	16	13,169.			13,169.	7,317.		878.
251	SANITATION SYSTEM	063090	SL	10.00	16	9,273.			9,273.	9,273.		0.
253	BATHROOM IMPR.	112408	SL	15.00	16	1,296.			1,296.	667.		86.
254	2 CIRCULATOR PUMPS	103008	SL	15.00	16	2,850.			2,850.	1,488.		190.
255	ROOF-MAY STONE BUILDING	011409	SL	15.00	16	26,623.			26,623.	13,608.		1,775.
268	CREEK BANK STABILIZATION	042712	SL	10.00	16	6,000.			6,000.	2,600.		600.
275	CABINETS, COUNTERTOPS, KITCHEN	120911	SL	15.00	16	2,735.			2,735.	865.		182.
278	CARPET FLOORING - 1ST	032312	SL	15.00	16	7,200.			7,200.	2,120.		480.
280	APARTMENT WASHER & DRYER -	123012	SL	15.00	16	9,260.			9,260.	2,263.		617.
281	1ST APARTMENT CABINETS AND	101712	SL	5.00	16	896.			896.	686.		179.
282	FIXTURES - 1ST APAR	101712	SL	15.00	16	2,303.			2,303.	590.		154.
283	HVAC UNIT - FURMAN	032113	SL	15.00	16	4,000.			4,000.	912.		267.
284	FURMAN HOUSE RENOVATION	070813	SL	15.00	16	22,087.			22,087.	4,661.		1,472.
285	CAMPUS SIGNS	061313	SL	15.00	16	8,372.			8,372.	1,814.		558.
297	FLAG POLE AND IMPROVEMENTS	033116	SL	15.00	16	8,820.			8,820.	245.		588.
298	CHAPEL IN THE WOODS IMPROVEMENTS	083116	SL	15.00	16	6,300.			6,300.	11.		420.
299	HEAT PUMP	090415	SL	15.00	16	6,000.			6,000.	400.		400.

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300	(D)BOILER	071316	SL	15.00	16	5,900.			5,900.	66.		393.
308	POLE HOUSE CARPET	063016	SL	7.00	16	2,600.			2,600.	62.		371.
312	HOWELL'S HVAC UNIT	053117	SL	15.00	16	8,840.			8,840.			147.
313	R&B HVAC UNIT	072117	SL	15.00	16	4,800.			4,800.			27.
	* 990 PAGE 10 TOTAL - PROPERTY IMPROVE ELECTRICAL INSTALLATION					411,872.		0.	411,872.	267,716.		17,156.
248	FULLY DEPR. ELECTRICAL	063075	SL	10.00	16	2,315.			2,315.	2,315.		0.
249	INSTALLATION	092705	SL	20.00	16	1,268.			1,268.	688.		63.
	* 990 PAGE 10 TOTAL - ELECTRICAL INSTA GAS INSTALLATION					3,583.		0.	3,583.	3,003.		63.
250	FULLY DEPR. * 990 PAGE 10 TOTAL - GAS INSTALLATION	063075	SL	10.00	16	1,735.			1,735.	1,735.		0.
	SANITATION * 990 PAGE 10 TOTAL - SANITATION					0.		0.	0.	0.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR					3035920.		0.	3035920.	1990145.		98,518.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					2988627.		0.	2988627.	1990145.		

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - HINDMAN SETTLEMENT SCHOOL, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
256	AIR COMPRESSOR	112409	SL	5.00	199.		199.	199.	0.
257	GAS FURNACE	120309	SL	15.00	1,900.		1,900.	984.	127.
258	DELL POWEREDGE T100 TOWER	101409	SL	5.00	2,289.		2,289.	2,289.	0.
265	PETTIT BUILDING IMPROVEMENTS	050610	SL	15.00	20,506.		20,506.	10,025.	1,367.
266	REPAVING PARKING LOT	083111	SL	7.00	7,985.		7,985.	6,846.	1,139.
293	SINGLETON HOUSE	123114	SL	30.00	110,000.		110,000.	9,778.	3,667.
294	DRAINAGE PIPES BY CHAPEL	061715	SL	15.00	5,615.		5,615.	810.	374.
314	CANNERY IMPROVEMENT	083117	SL	15.00	11,924.		11,924.		795.
	BUILDINGS								
12	MAY STONE BLDG.	053162	SL	40.00	95,042.		95,042.	95,042.	0.
13	MAY STONE BLDG.	053172	SL	30.00	1,968.		1,968.	1,968.	0.
14	MAY STONE BLDG.	053173	SL	30.00	1,623.		1,623.	1,623.	0.
15	POLE HOUSE	053169	SL	30.00	11,282.		11,282.	11,282.	0.
16	KATHERINES PET	053172	SL	40.00	137,278.		137,278.	137,278.	0.
17	SOLD CAB-OFF	053170	SL	40.00	2,665.		2,665.	2,665.	0.
18	RENOV-HOSPITAL	070179	SL	30.00	74,749.		74,749.	74,749.	0.
19	PETIT BLDG.	070179	SL	10.00	2,068.		2,068.	2,068.	0.
20	PETIT BLDG. APT.	110179	SL	30.00	21,500.		21,500.	21,500.	0.
22	PREECE BLDG.	080683	SL	30.00	67,787.		67,787.	67,787.	0.
23	K.PETIT-APT. 4	070183	SL	18.00	25,000.		25,000.	25,000.	0.
26	UT. HOOKUP	110184	SL	10.00	2,600.		2,600.	2,600.	0.
28	FULLY DEPR.	063075	SL	10.00	36,692.		36,692.	36,692.	0.
29	STILL BLDG.	063090	SL	32.00	71,577.		71,577.	58,952.	2,237.
30	STILL BLDG.	071690	SL	32.00	34,555.		34,555.	28,372.	1,080.
31	STILL BLDG.	083191	SL	32.00	354,809.		354,809.	290,397.	11,088.
32	STILL BLDG.	120391	SL	32.00	5,345.		5,345.	4,374.	167.
33	STORAGE BLDG.	060192	SL	32.00	13,773.		13,773.	10,830.	430.
34	LOG CABIN	083192	SL	32.00	26,389.		26,389.	19,928.	825.
36	KITCHEN ARCHITECT	032394	SL	30.00	800.		800.	565.	27.
37	CRAFT CABIN	052594	SL	30.00	9,990.		9,990.	7,326.	333.
38	CRAFT CABIN	123194	SL	30.00	33,478.		33,478.	24,551.	1,116.
39	KITCHEN ARCHITECT	083096	SL	30.00	25,965.		25,965.	18,183.	866.
40	VERNA MAY SLONE	083069	SL	30.00	1,920.		1,920.	704.	0.
41	KITCHEN	053097	SL	30.00	611,438.		611,438.	414,429.	20,381.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - HINDMAN SETTLEMENT SCHOOL, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
42	VERNA MAY CABIN	021398	SL	30.00	2,140.		2,140.	1,422.	71.
43	PREECE BLDG.	051199	SL	30.00	1,137.		1,137.	721.	38.
44	STILL BLDG.-CABLE WIRING	083199	SL	30.00	10,597.		10,597.	6,872.	353.
45	GAS HEATING UNIT	012601	SL	15.00	1,433.		1,433.	1,433.	0.
46	3 2-PIECE STALLS	031201	SL	15.00	1,200.		1,200.	1,200.	0.
47	METAL STORAGE BLDG.	082901	SL	15.00	18,783.		18,783.	18,780.	0.
48	STORAGE BLDG.	101101	SL	15.00	7,275.		7,275.	7,275.	0.
49	VERNA MAY SLONE CABIN	101101	SL	15.00	5,343.		5,343.	5,343.	0.
50	QUILTMAKER INN	113001	SL	30.00	250,000.		250,000.	133,329.	8,333.
51	CHAPEL IN THE WOODS	090103	SL	30.00	25,260.		25,260.	11,788.	842.
276	BUILDING IMPROVEMENTS	011012	SL	15.00	956.		956.	362.	64.
277	BUILDING IMPROVEMENTS	080812	SL	15.00	549.		549.	188.	37.
289	B-DRY SYSTEM STUCKY	080814	SL	15.00	12,850.		12,850.	2,642.	857.
311	OUTDOOR CLASSROOM DAR	112916	SL	30.00	18,340.		18,340.	459.	611.
	* 990 PAGE 10 TOTAL - BUILDINGS				2026156.		2026156.	1550679.	49,756.
	VEHICLES								
10	1999 PICK UP	022503	SL	5.00	5,500.		5,500.	5,500.	0.
295	2015 CHEVY TAHOE	030716	SL	5.00	44,241.		44,241.	13,272.	8,848.
296	2015 FORD EXPLORER	112015	SL	5.00	34,335.		34,335.	12,017.	6,867.
	* 990 PAGE 10 TOTAL - VEHICLES				84,076.		84,076.	30,789.	15,715.
	WATER SYSTEM								
54	FULLY DEPR.	063075	SL	10.00	6,244.		6,244.	6,244.	0.
57	WATER SYSTEM	071897	SL	20.00	4,396.		4,396.	4,396.	0.
58	DENNIS RARDIN	112597	SL	10.00	8,940.		8,940.	8,940.	0.
59	WATER SYSTEM IMPROVEMENTS	060606	SL	20.00	1,800.		1,800.	1,013.	90.
	* 990 PAGE 10 TOTAL - WATER SYSTEM				21,380.		21,380.	20,593.	90.
	REAL ESTATE								
60	DECOY LAND - 18 ACRES	063070	SL	.000	2,551.		2,551.		0.
61	JOHNSON LAND-30 ACRES	063070	SL	.000	66,666.		66,666.		0.
62	HSS MAIN CAMPUS-150 ACRES	063070	SL	.000	19,132.		19,132.		0.
63	MALLIE LAND-28.578 ACRES	063070	SL	.000	3,647.		3,647.		0.
64	SMITH BRANCH LAND-180 ACRES	063070	SL	.000	23,022.		23,022.		0.
65	TRACE FORK LAND-60 ACRES	063070	SL	.000	7,653.		7,653.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - HINDMAN SETTLEMENT SCHOOL, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
309	LAND ONN HWY 160 SOUTH BETWEEN WOOD SHOP AND 195 HWY 160S * 990 PAGE 10 TOTAL - REAL ESTATE	010616	L		8,500. 131,171.		8,500. 131,171.	0. 0.	0. 0.
	EQUIPMENT								
88	QUILTS	070187	SL	5.00	2,800.		2,800.	2,800.	0.
90	COAT RACK	010188	SL	5.00	652.		652.	652.	0.
114	MATTRESSES	031401	SL	7.00	2,520.		2,520.	2,520.	0.
115	UTILITY TRAILER	062201	SL	5.00	436.		436.	436.	0.
116	FIRE PROOF FILING CABINET	082601	SL	7.00	1,667.		1,667.	1,667.	0.
128	COMPUTER LAB	063000	SL	5.00	9,984.		9,984.	9,984.	0.
134	LOCKERS	063000	SL	7.00	508.		508.	508.	0.
158	LOGOS MGT SOFTWARE	032404	SL	3.00	1,160.		1,160.	1,160.	0.
160	ICE MACHINE	052204	SL	7.00	1,817.		1,817.	1,817.	0.
164	MOWER	051205	SL	7.00	6,659.		6,659.	6,659.	0.
165	5 TON COMPRESSOR	080505	SL	5.00	2,200.		2,200.	2,200.	0.
171	14 BEDS	032907	SL	7.00	10,235.		10,235.	10,235.	0.
178	NEO SMARTBOARD	112807	SL	5.00	3,492.		3,492.	3,492.	0.
252	WASHER AND DRYER	082709	SL	5.00	1,760.		1,760.	1,760.	0.
267	LAWN MOWER	050711	SL	5.00	220.		220.	205.	0.
269	MAC BOOK PRO	053012	SL	5.00	2,142.		2,142.	2,142.	0.
270	MAC BOOK PROS	101211	SL	5.00	5,371.		5,371.	5,371.	0.
271	COMPUTERS FOR SUMMER SCHOOL	043012	SL	5.00	11,670.		11,670.	11,670.	0.
272	SOFTWARE UPGRADES	051712	SL	5.00	1,203.		1,203.	1,203.	0.
273	SOFTWARE UPGRADES	053012	SL	5.00	1,096.		1,096.	1,096.	0.
274	IMAC COMPUTER	053012	SL	5.00	1,208.		1,208.	1,208.	0.
286	FURMAN HOUSE - BEDS	032713	SL	7.00	3,827.		3,827.	2,416.	547.
287	FURMAN HOUSE - COUCH AND CHAIRS	042413	SL	7.00	3,800.		3,800.	2,353.	543.
288	IPAD	090112	SL	5.00	698.		698.	698.	0.
290	DELL COMPUTER	111413	SL	5.00	2,825.		2,825.	2,166.	565.
291	GAS STOVE	110713	SL	7.00	413.		413.	226.	59.
292	TILER/ TRACTOR	040814	SL	7.00	2,795.		2,795.	1,363.	399.
302	OFFICE CHAIRS	031616	SL	7.00	9,900.		9,900.	2,003.	1,414.
303	SUNROOM CHAIRS AND SOLAR SHADES	030316	SL	7.00	3,968.		3,968.	850.	567.
304	MACBOOK	103015	SL	5.00	1,832.		1,832.	671.	366.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - HINDMAN SETTLEMENT SCHOOL, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
306	MACBOOK PRO	112415	SL	5.00	1,905.		1,905.	667.	381.
307		082516	SL	5.00	1,461.		1,461.	292.	292.
310	REFRIGERATOR	041317	SL	5.00	3,389.		3,389.	282.	678.
	* 990 PAGE 10 TOTAL - EQUIPMENT				105,613.		105,613.	82,772.	5,811.
	PROPERTY IMPROVEMENTS								
190	MAY STONE BLDG.	063088	SL	18.00	13,722.		13,722.	13,722.	0.
191	PAVE-PREECE BLDG.	063088	SL	18.00	4,700.		4,700.	4,700.	0.
195	POLE HOUSE	030689	SL	10.00	4,415.		4,415.	4,415.	0.
196	MAY STONE BLDG.	032290	SL	10.00	2,455.		2,455.	2,455.	0.
197	WINDOWS APT. 3	081689	SL	10.00	1,714.		1,714.	1,714.	0.
198	FIRE PROOF DOOR	090889	SL	10.00	727.		727.	727.	0.
206	STUCKY BLDG.	021193	SL	7.00	11,298.		11,298.	11,298.	0.
208	UNCLE SOL'S	052794	SL	7.00	1,407.		1,407.	1,407.	0.
210	DINING ROOM FLOOR	032195	SL	7.00	3,450.		3,450.	3,450.	0.
212	DORM PORCH AND DOORS	060995	SL	7.00	2,306.		2,306.	2,306.	0.
213	STUCKEY BLDG.	041095	SL	7.00	1,500.		1,500.	1,500.	0.
214	JAMES STILL BLDG.	070896	SL	7.00	5,422.		5,422.	5,422.	0.
215	POLE HOUSE	081396	SL	7.00	3,644.		3,644.	3,644.	0.
216	CRAFT CABIN	102696	SL	7.00	6,498.		6,498.	6,498.	0.
218	APARTMENTS-ROOF	083096	SL	7.00	1,500.		1,500.	1,500.	0.
219	IMPROVEMENTS	083196	SL	7.00	1,399.		1,399.	1,399.	0.
220	POLE HOUSE IMPROVEMENTS	123096	SL	7.00	13,657.		13,657.	13,657.	0.
225	PETIT IMPROVEMENTS	101599	SL	7.00	11,887.		11,887.	11,887.	0.
226	JAMES STILL BLDG. IMPR.	052200	SL	7.00	16,328.		16,328.	16,328.	0.
227	KATHERINE PETIT IMPR.	042400	SL	7.00	9,455.		9,455.	9,455.	0.
233	UNCLE SOL'S	110802	SL	7.00	1,173.		1,173.	1,173.	0.
234	UNCLE SOL'S ROOF	120202	SL	10.00	7,510.		7,510.	7,510.	0.
236	FURNACE	092502	SL	7.00	1,228.		1,228.	1,228.	0.
237	UNCLE SOL'S HEATING	022503	SL	7.00	2,000.		2,000.	2,000.	0.
239	JAMES STILL HOUSE RENOV.	040604	SL	15.00	39,768.		39,768.	35,568.	2,651.
243	CABINETS	092005	SL	5.00	2,124.		2,124.	2,124.	0.
244	PROPERTY IMP. TO HOUSES	030106	SL	15.00	9,219.		9,219.	7,072.	615.
245	PROPERTY IMP. TO HOUSES	123105	SL	15.00	21,729.		21,729.	16,905.	1,449.
247	CARPET	051208	SL	15.00	13,169.		13,169.	8,195.	878.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - HINDMAN SETTLEMENT SCHOOL, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
251	SANITATION SYSTEM	063090	SL	10.00	9,273.		9,273.	9,273.	0.
253	BATHROOM IMPR.	112408	SL	15.00	1,296.		1,296.	753.	86.
254	2 CIRCULATOR PUMPS	103008	SL	15.00	2,850.		2,850.	1,678.	190.
255	ROOF-MAY STONE BUILDING	011409	SL	15.00	26,623.		26,623.	15,383.	1,775.
268	CREEK BANK STABILIZATION	042712	SL	10.00	6,000.		6,000.	3,200.	600.
	CABINETS, COUNTERTOPS, KITCHEN								
275	REMODEL	120911	SL	15.00	2,735.		2,735.	1,047.	182.
278	CARPET	032312	SL	15.00	7,200.		7,200.	2,600.	480.
280	FLOORING - 1ST APARTMENT	123012	SL	15.00	9,260.		9,260.	2,880.	617.
281	WASHER & DRYER - 1ST APARTMENT	101712	SL	5.00	896.		896.	865.	31.
	CABINETS AND FIXTURES - 1ST								
282	APARTMENT	101712	SL	15.00	2,303.		2,303.	744.	154.
283	HVAC UNIT - FURMAN	032113	SL	15.00	4,000.		4,000.	1,179.	267.
284	FURMAN HOUSE RENOVATION	070813	SL	15.00	22,087.		22,087.	6,133.	1,472.
285	CAMPUS SIGNS	061313	SL	15.00	8,372.		8,372.	2,372.	558.
297	FLAG POLE AND IMPROVEMENTS	033116	SL	15.00	8,820.		8,820.	833.	588.
298	CHAPEL IN THE WOODS IMPROVEMENTS	083116	SL	15.00	6,300.		6,300.	431.	420.
299	HEAT PUMP	090415	SL	15.00	6,000.		6,000.	800.	400.
308	POLE HOUSE CARPET	063016	SL	7.00	2,600.		2,600.	433.	371.
312	HOWELL'S HVAC UNIT	053117	SL	15.00	8,840.		8,840.	147.	589.
313	R&B HVAC UNIT	072117	SL	15.00	4,800.		4,800.	27.	320.
	* 990 PAGE 10 TOTAL - PROPERTY								
	IMPROVEMENTS				355,659.		355,659.	250,037.	14,693.
	ELECTRICAL INSTALLATION								
248	FULLY DEPR.	063075	SL	10.00	2,315.		2,315.	2,315.	0.
249	ELECTRICAL INSTALLATION	092705	SL	20.00	1,268.		1,268.	751.	63.
	* 990 PAGE 10 TOTAL - ELECTRICAL								
	INSTALLATION				3,583.		3,583.	3,066.	63.
	GAS INSTALLATION								
250	FULLY DEPR.	063075	SL	10.00	1,735.		1,735.	1,735.	0.
	* 990 PAGE 10 TOTAL - GAS								
	INSTALLATION				1,735.		1,735.	1,735.	0.
	SANITATION								
	* GRAND TOTAL 990 PAGE 10 DEPR				2889791.		2889791.	1970602.	93,597.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone